

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09-381528</u>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51		/		
2		/					52		/		
3		/					53		/		
4		/					54		/		
5		/					55		/		
6		/					56		/		
7		/					57		/		
8		/					58	/			
9		/					59		/		
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11		/					61		/		
12		/					62		/		
13	/						63		/		
14		/					64		/		
15		/					65		/		
16		/					66		/		
17		/					67				
18		/					68				
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35		/					85				
36		/					86				
37		/					87				
38		/					88				
39		/					89				
40		/					90				
41		/					91				
42		/					92				
43		/					93				
44		/					94				
45		/					95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
TOTAL IND.							TOTAL IND.	3			
TOTAL DEP.							TOTAL DEP.	63			
TOTAL CLAIMS							TOTAL CLAIMS	106			